CONNECTICUT Early Childhood

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

FAMILY CHILD CARE HOME INSPECTION

PROVIDER	CHRISTINA ANASTASIO	LICENSE NUMBER	DCFH.57104	DATE OF INSPECTION	04/13/2026
		EXPIRATION DATE	10/31/2026	TIME OF INSPECTION	10:28 AM
ADDRESS	56 HILLSIDE DR BEACON FALLS CT 06403-1510	TELEPHONE	(203) 298-8040	REGULAR CAPACITY	6
		HOURS OF OPERATION	8:00 AM – 5:00 PM	SCHOOL AGE CAPACITY	3
		DAYS OF OPERATION	Mon-Fri	SUMMER HOURS	Open
IS THIS A CHANGE OF ADDRESS? YES:	X	# UNDER 18 MTHS PRESENT	0	WEEKEND HOURS	No
NO:		TOTAL CHILDREN PRESENT	4	NIGHT HOURS	No
NEW ADDRESS:					
TYPE OF INSPECTION	UNANNOUNCED INSPECTION - FULL	INSPECTOR'S NAME	Amanda Hammons		
PROVIDER'S EMAIL	Littlebusybeeshomedaycare@gmail.com	INSPECTOR'S EMAIL	amanda.hammons@ct.gov		

KEY:
COMPLIANT = X
NON-COMPLIANT = O

Consent to Inspect: I agree to allow the Commissioner or an authorized representative to have access to and inspect the facility and child care records during home inspections as required by Regulations Section 19a-87b-5(h).

Signature of Provider/Substitute/Applicant

TERMS OF THE LICENSE 19a-87b-5

X	4. 5(d)/10(a) CAPACITY		
X	5. 5(c) NON-TRANSFERABILITY OF LICENSE	Pending?	
X	6. 5(e) INFANT/TODDLER RESTRICTION		
X	7. 5(f)(2) LICENSE POSTED		
X	8. 5(g) PARENT ACCESS TO OEC PHONE NUMBER		
X	9. 5(h) PHOTO ID		
X	10. 5(i) REQUESTS FOR INFORMATION		
X	11. 5(j) NOTIFICATION OF CHANGE		

QUALIFICATION OF PROVIDER 19a-87b-6

X	12. 6(a) AWARENESS OF, UNDERSTANDING OF REGULATIONS	
X	13. 6(b) MEDICAL STATEMENT EXPIRATION DATE: 01/28/2028	

O	14. 6(c)(1) FIRST AID CERTIFICATE EXPIRATION DATE: 11/18/2025	Provider not in compliance with maintaining a current first aid certificate.
O	15. 6(c)(2) CPR CERTIFICATE EXPIRATION DATE: 11/18/2025	Provider not in compliance with maintaining a current CPR certificate.
X	16. 6(e) JUDGMENT	

MEMBERS OF THE HOUSEHOLD 19a-87b-7

X	17. 7(a) MEDICAL STATEMENT	
X	18. 7(b) HOUSEHOLD ENVIRONMENT	

QUALIFICATIONS OF STAFF 19a-87b-8

X	19. 8(a)-(b) SUBSTITUTE - ASSISTANT	Y/N	NAME:		Appvl #	
		N	NAME:		Appvl #	
	PRESENT AT VISIT?					
	N					
X	20. 8(c) EMERGENCY CAREGIVER					

COMPREHENSIVE BACKGROUND CHECK 19a-87b-8a

X	21. 8a(a)-(f) BACKGROUND CHECK(S)	

PHYSICAL ENVIRONMENT 19a-87b-9

X	22. 9(a) CLEAN/SANITARY ENVIRONMENT	
X	23. 9(b) FREEDOM OF HAZARDS	
X	24. 9(c) HARMFUL SUBSTANCES and MATERIALS INACCESSIBLE	
X	25. 9(c) BIO-CONTAMINANTS DISPOSED SAFELY	
X	26. 9(d)(1) SAFE STORAGE OF FLAMMABLES	
X	27. 9(d)(2) SAFE DOOR FASTENERS	
X	28. 9(d)(3) ELECTRICAL SAFETY	

X	29. 9(d)(4)-(A) SAFE EXITS	
X	30. 9(d)(4)(A) BASEMENT SUPERVISION USED FOR CARE ?	Y/N: Y Y/N: Y
X	31. 9(d)(4)(D) STAIRWAYS - PROTECTED, HANDRAILS	
X	32. 9(d)(4)(E)-(5) EMERGENCY PLAN	
X	33. 9(d)(5) EMERGENCY EVACUATION DRILLS - QUARTERLY/LOG	
X	34. 9(d)(6) SMOKE DETECTORS	
X	35. 9d)(7) CARBON MONOXIDE DETECTOR	
X	36. 9(d)(8) FIRE EXTINGUISHER- 5 LB. ABC/INSTALLED	
X	37. 9(d)(9) N/A? AUXILIARY HEATING SYSTEM	TYPE: Wood stove — APPROVED? Y
X	38. 9(e) SAFE STORAGE OF WEAPONS AND AMMUNITION	
X	39. 9(f)(1)-(2) SAFE SPACE-SUFFICIENT INDOORS: Yes — OUTDOORS: Yes	
O	40. 9(f)(2) N/A? BODY OF WATER- 4 FT. STURDY FENCE OR BARRIER-LOCKED	TYPE: Above-ground swimming pool — BARRIER: Y Provider not in compliance with maintaining locks that are operable with a key, combination, or other similar unlocking mechanism when observed gate to pool with locking mechanism unlocked. No key or combination observed on gate to deck and pool area.
X	41. 9(f)(3) N/A? Y HOT TUBS- LOCKED -INACCESSIBLE	
X	42. 9(g) VENTILATION, LIGHT AND TEMPERATURE- 65°	
X	43. 9(g) WINDOW SAFETY	
X	44. 9(h) WASHING TOILETING, SEWAGE GARBAGE FACILITIES	
X	45. 9(i) ADEQUATE AND SAFE WATER - TYPE OF SYSTEM: Public Water	
X	46. 9(h) WATER TEMPERATURE- 60°-120°	

X	47. 9(j) PASTEURIZATION OF MILK SUPPLY		
O	48. 9(k) WORKING PHONE, EMERGENCY NUMBERS POSTED		Provider not in compliance with ensuring emergency numbers posted in an area where child care services are provided when Provider stated she just updated them but they are not in the child care area.
X	49. 9(l) SAFE TRANSPORTATION REGISTERED, INSURED, RESTRAINTS		
X	50. 9(m)-(n) FIRST AID KIT and SUPPLIES		
X	51. 9(o) PET PROTECTION	TYPE of PETS:	2 rabbits
	PETS? Y/N Y		
	RABIES CERTS? Y/N N		
X	52. 9(p) Smoking Prohibited		

RESPONSIBILITIES OF PROVIDER 19a-87b-10

X	53. 10(b)(1) ENROLLMENT FORM	
O	54. 10(b)(2) CHILD HEALTH RECORD	Provider not in compliance with maintaining current child health record(s) when observed one child, present during inspection, with expired health record.
O	55. 10(b)(2)(v)/(l) IMMUNIZATIONS	Provider not in compliance with maintaining complete immunization records(s) when observed two children with no vaccine records. Three children did not receive flu vaccine for 2025-2026 season. Parent of one child texted Provider current vaccine during inspection.
O	56. 10(b)(3)(B) EMERGENCY PERMISSION	Provider not in compliance with maintaining complete emergency care information when observed one child missing specific hospital Information.
X	57. 10(b)(3)(A) AUTHORIZED RELEASE	
X	58. 10(b)(3)(C)-(D)-(F) FIELD TRIP AND TRANSPORTATION PERMISSION-TO/FROM SCHOOL	
X	59. 10(b)(3)(E) SWIMMING PERMISSION	
X	60.10(b)(4) INCIDENT LOG	
X	61. 10(b)(5) CONFIDENTIALITY	
X	62. 10(c) MEETING THE CHILD'S NEEDS	
X	63.10(c)(1) SUFFICIENT PLAY EQUIPMENT	

X	**64. 10(c)(2)** **GOOD NUTRITION-MEALS/SNACKS, WATER AVAILABLE**	
X	**65. 10(c)(3)** **HANDWASHING**	
X	**66. 10(c)(4)** **FLEXIBLE AND BALANCED WRITTEN SCHEDULE**	
X	**67. 10(c)(6)** **PERSONAL ARTICLES-BLANKET, TOWEL, TOILET ARTICLES**	
X	**68. 10(c)(5)** **PROPER REST PROVISIONS – SAFE CRIBS**	
X	**69. 10(d)** **INDIVIDUAL PLAN FOR CARE**	
X	**70. 10(d)(1-2)** **CULTURAL DIFFERENCES, SP. NEEDS, DEV. APPR. ACTIVITIES**	
X	**71. 10(e)** **INFANT CARE, INDIV ATTENTION, HELD FOR BOTTLE FEEDINGS**	
X	**72. 10(f)(1)** **INFANTS PLACED ON BACK FOR SLEEPING**	
X	**73. 10(f)(1)** **INFANTS PLACED IN CRIB, WELL CONSTRUCTED, SNUG MATTRESS, TIGHT SHEET**	
X	**74. 10(f)(3)-(4)/(7)** **CRIB OR OTHER PROVISION FREE FROM OBSERVABLE HAZARDS**	
X	**75. 10(f)(5)** **INFANTS NOT SWADDLED**	
X	**76. 10(f)(6)** **INFANTS SUPERVISED – MINIMUM EVERY 15 MINUTES**	
X	**77. 10(f)(8)** **REQ. FOR SLEEP ARRANGEMENTS POSTED/DISCUSSED**	
X	**78. 10(g)** **DIAPER CHANGING-FREQUENT, SANITARY, HANDWASHING, WASTE DISPOSAL**	
X	**79. 10(h)(1)-(9)-(11)** **PARENT INFORMATION AND ACCESS**	
X	**80. 10(h)(10)** **DEVELOPMENTAL MILESTONES – POSTED**	

X	81. 10(i) SUPERVISION- AT ALL TIMES, INDOORS and OUTDOORS	
X	82. 10(i)(1) PERSONAL SCHEDULE- ALERT, COMPETENT ATTENTION	
X	83. 10(i)(2) FULL ATTENTION - DISTRACTIONS, EMPLOYMENT, SOCIALIZATION	
X	84. 10(i)(3) IMMEDIATE ATTENTION	
X	85. 10(i)(4) SUBSTITUTE – EMERGENCY CAREGIVER PRESENT	
X	86. 10(j) APPR. DISCIPLINE, BEHAVIOR MANAGEMENT	
X	87. 10(j)(2) DISCUSS BEH. MANAGEMENT METHODS W/STAFF AND PARENTS	
X	88. 10(k)(1) CHILD PROTECTION- ABUSE/NEGLECT	
X	89. 10(k)2)(A-B) NOTIFY OEC WITHIN 24 HRS. - DEATH OR SERIOUS INJURY	
X	90. 10(k)(3) MANDATED REPORTING ABUSE OR NEGLECT TO DCF	
SICK CHILD CARE 19a-87b-11		
X	91. 11(a)(1)-(3) SICK CHILD CARE	
NIGHT CARE 19a-87b-12 (10pm to 5am) **Y/N? N**		
X	92. 12(a)(1)-(3) SEPARATE BED- LOCATION OF BED - APPROPRIATE SLEEPWEAR	
OFFICE ACCESS, INSPECTIONS AND INVESTIGATIONS 19a-87b-13		
X	93. 13(a)-(f) ACCESS- IMMEDIATE, ENTIRE OR PART OF FACILITY AND RECORDS	

ADMINISTRATION OF MEDICATIONS 19a-87b-17 Y/N? N		
X	94. 17 POLICIES AND PROCEDURES FOR ADMIN OF MEDS	
X	95. (a)(2) PARENT PERMISSION FOR NONPRESCRIPTION TOPICAL MEDS	
X	96. (a)(2)/(b)(3)(D) NOTIFICATION - DOCUMENTATION OF MED ERROR(S)	
O	97. (a)(3) NONPRESCRIPTION TOPICAL MEDS-STORED/LABELED	Provider not in compliance with maintaining proper labeling of nonprescription topical medications when observed one Aquaphor not labeled and two butt paste diaper creams (for same child) with no label. One butt paste was expired.
X	98. (a)(3)(C) UNUSED -EXPIRED NONPRESCRIPTION MEDS	
X	99. (b)(1)(2) DOCUMENTED MEDICATION TRAINED STAFF	
X	100. (b)(3) WRITTEN AUTH PRESCRIBER, PARENT PERMISSION	
X	101. (b)(4)(A-B) MAR MAINTAINED	
X	102. (b)(5)(A-B) PRESCRIPTION MEDS – STORED/LABELED	
X	103. (b)(5)(D) UNUSED/EXPIRED PRESCRIPTION MEDS	
X	104. (b)(5)(C)(E) EMERGENCY MEDS-EQUIPMENT LABELED/CURRENT	
X	105. (b)(6) SELF – ADMIN. OF MEDS	
X	106. (b)(7) PETITION FOR SPECIAL MEDICATION AUTHORIZATION	
	107. (d) POTASSIUM IODIDE (KI) N/A: Y	

MONITORING OF DIABETES 19a-87b-18	Child with diabetes enrolled? N	
X	108. (a) POLICIES FOR FINGER STICK BLOOD GLUCOSE TESTING	
X	109. (b) FINGER STICK BLOOD GLUCOSE TESTING - STAFF TRAINED	

X	110. (c)(3) SELF ADMIN OF FINGER STICK BLOOD GLUCOSE TESTING	
X	111. (d) TESTING EQUIP. & SUPPLIES- MAINTAIN, LABELED, LOCKED, DISPOSED	
X	112. (e)(1-2) FINGER STICK BLOOD GLUCOSE TESTING RECORDS	
X	113. (e)(3) PARENT NOTIFICATION OF TEST RESULTS	

ADDITIONAL VIOLATIONS

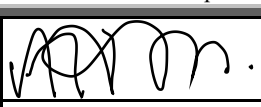
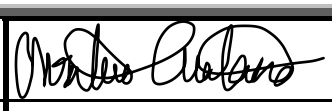
		N/A?	
	114. CONSENT ORDER - NEGOTIATED CORRECTIVE ACTION PLAN	Y	

WERE VIOLATIONS CITED DURING THIS VISIT? Yes or No?	Yes	LEVEL OF NON-COMPLIANCE THIS VISIT:	8 out of 109

DISCUSSIONS/COMMENTS

IMPORTANT NOTES

* It is the provider's responsibility to ensure compliance with all local codes and/or ordinances applicable to single and multi-family dwellings. This includes but is not limited to renovation, construction or expansion of the facility as well as the installation of a swimming pool or auxiliary heater.
* Only the regulations marked as compliant or non-compliant were monitored or discussed.

Signature of OEC Representative			Signature of Provider/ Substitute
Printed Name	Amanda Hammons	CHRISTINA ANASTASIO	Printed Name
2nd OEC Representative		**APPLICANTS:** You *MAY NOT OPERATE* until all requirements have been met and a license has been issued by the Agency.	
Printed Name		THIS INSPECTION SHALL BE POSTED OR SHALL BE AVAILABLE FOR REVIEW UPON REQUEST.	

CONNECTICUT Early Childhood

Written Corrective Action Plan due by: 04/27/2026

DIVISION OF LICENSING
450 Columbus Boulevard, Suite 302, Hartford, Connecticut 06103
Phone (800)282-6063 or (860)500-4450 Fax (860)326-0552
Email: oec.licensing@ct.gov Website: www.ctoec.org

OEC Representative's Email: amanda.hammons@ct.gov

CAP: https://www.ctoec.org/forms-documents/corrective-action-plan-and-resolving-disputed-violations.pdf